



MANAGEMENT APPLICATION

GENERAL INSTRUCTIONS	HOW DO WE CONTACT YOU		
<ul style="list-style-type: none"> This form is fillable using Microsoft Word. To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying. Do not leave any questions blank. Put N/A where applicable. All information you submit is subject to verification. 	Name (Last, First, MI)		
	Social Security Number		
	Mailing Address		
	City	State	Zip Code
	Phone Number	Email Address	

EDUCATION

HIGH SCHOOL						
NAME/ADDRESS OF SCHOOL				Received Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:						
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (YEAR)		CREDIT HOURS EARNED	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO			
YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:						

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed.

1	Name of Present or Last Employer _____				
Address _____			Phone Number _____		
Your Job Title _____		Supervisor's Name _____			
FROM (date): _____		TO (date): _____		HRS Per Wk: _____ # Employees Supervised _____	
Duties and Responsibilities					
Reason(s) for Leaving:					
Beginning Salary		Ending Salary		Health Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY continued

2	Name of Previous Employer _____			
Address _____		Phone Number _____		
Your Job Title _____		Supervisor's Name _____		
FROM (date): _____	TO (date): _____	HRS Per Wk: _____	# Employees Supervised _____	
Duties and Responsibilities _____				
Reason(s) for Leaving: _____				
Beginning Salary _____	Ending Salary _____	Health Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		

3	Name of Previous Employer _____			
Address _____		Phone Number _____		
Your Job Title _____		Supervisor's Name _____		
FROM (date): _____	TO (date): _____	HRS Per Wk: _____	# Employees Supervised _____	
Duties and Responsibilities _____				
Reason(s) for Leaving: _____				
Beginning Salary _____	Ending Salary _____	Health Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		

4	Name of Previous Employer _____			
Address _____		Phone Number _____		
Your Job Title _____		Supervisor's Name _____		
FROM (date): _____	TO (date): _____	HRS Per Wk: _____	# Employees Supervised _____	
Duties and Responsibilities _____				
Reason(s) for Leaving: _____				
Beginning Salary _____	Ending Salary _____	Health Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		

5	Name of Previous Employer _____			
Address _____		Phone Number _____		
Your Job Title _____		Supervisor's Name _____		
FROM (date): _____	TO (date): _____	HRS Per Wk: _____	# Employees Supervised _____	
Duties and Responsibilities _____				
Reason(s) for Leaving: _____				
Beginning Salary _____	Ending Salary _____	Health Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If needed, attach additional sheets, using the same format as on the application. **Resumes may be attached to provide additional information.**

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you seek**, such as fluency in language(s), etc.

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDRE OR GUILTY TO A FELONY OR FIRST DEGREE MISDEMEANOR ?

YES

NO

If "YES", what charges? _____

Where convicted? _____

Date of Conviction _____

If desired, explain circumstances regarding above felony(s) or first degree misdemeanor(s) in the space below:

NOTE: A "YES" answer to this question will not automatically bar you from employment with Chacho's. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by Chacho's to investigators, personnel staff, and other authorized employees of Chacho's for employment purposes. This consent shall continue to be effective during my employment, if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____